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RADER FISMAN AND GRA

PAGE 01/07

Docket No.: TEI-0135

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Kazuo Imose

Group Art Unit: 4153

Application No.: 10/551,668

Confirmation No.: 5514

Filing Date: September 30, 2005

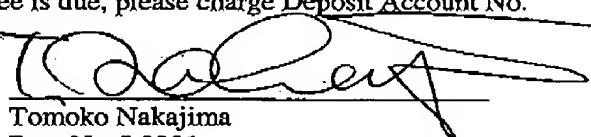
For: EXAMINATION APPARATUS FOR
SLEEP RESPIRATORY DISTURBANCE AND
THERAPEUTIC SYSTEMREQUEST FOR CORRECTED FILING RECEIPTVIA FACSIMILE: 571-273-3201 (7 pages, including cover)
Attn: PCT Section, Customer ServiceCommissioner for Patents
P.O. Box 1450
Washington, D.C. 22313-1450

Sir:

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following, which is incorrectly entered. We are also enclosing a copy of the executed declaration showing the correct data.

Error:1. Title**Correct data to title:**1. EXAMINATION APPARATUS FOR SLEEP
RESPIRATORY DISTURBANCE AND
THERAPEUTIC SYSTEM3. The correction is due to an error by the USPTO. If any fee is due, please charge Deposit Account No. 18-0013.

Dated: February 6, 2008


Tomoko Nakajima
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/551,668	09/30/2005	3736	1860	TEI-0135	4	13	6

23353
RADER FISHMAN & GRAUER PLLC
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1233 20TH STREET N.W., SUITE 501
WASHINGTON, DC 20036

CONFIRMATION NO. 5514

FILING RECEIPT



OC000000019225998

Date Mailed: 06/15/2006

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Kazuo Imose, Tokyo, JAPAN;

Power of Attorney: The patent practitioners associated with Customer Number 23353.

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/JP04/04712 03/31/2004

Foreign Applications

JAPAN 2003-098992 04/02/2003

If Required, Foreign Filing License Granted: 06/10/2006

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/551,668**

Projected Publication Date: 09/21/2006

Non-Publication Request: No

Early Publication Request: No

DRAFT

Title

DOCKELED

~~Sleep respiratory disorder examination device and treatment system~~
Preliminary Class
 600

*"Examination apparatus for sleep
 respiratory disturbance and
 therapeutic system"*

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Declaration and Power of Attorney for Patent Application

特許出願宣言書及び委任状

Japanese Language Declaration

日本語宣言書

私は、以下に記名された発明者として、ここに下記の通り宣誓する：

As a below named inventor, I hereby declare that:

私の住所、郵便の宛先そして国籍は、私の氏名の後に記載された通りである。

My residence, post office address and citizenship are as stated next to my name.

下記の名称の発明について、特許請求範囲に記載され、且つ特許が求められている発明主題に関して、私は、最初、最先且つ唯一の発明者である（唯一の氏名が記載されている場合）か、或いは最初、最先且つ共同発明者である（複数の氏名が記載されている場合）と信じている。

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"EXAMINATION APPARATUS FOR SLEEP
RESPIRATORY DISTURBANCE AND
THERAPEUTIC SYSTEM"

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の日に出願され、
この出願の米国出願番号またはPCT国際出願番号は、
_____であり、且つ
_____の日に補正された出願（該当する場合）

the specification of which is attached hereto unless the following box is checked:

was filed on March 31, 2004
as United States Application Number or
PCT International Application Number
PCT/JP2004/004712 and was amended on
(if applicable)

私は、上記の補正書によって補正された、特許請求範囲を含む上記明細書を検討し、且つ内容を理解していることをここに表明する。

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

私は、連邦機関規則第37編規則1, 56に定義されている、特許性について重要な情報を暗示する義務があることを認めめる。

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the need of the individual case. Any comments on the amount of time you are required to complete this form should be sent to Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

PTO/SB/106 (5-00)

Approved for use through 10/21/02. OMB 0651-0032

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Prior Foreign Application(s)

外国での先行出願

2003-098992

(Number)
(番号)

JAPAN

(Country)
(国名)

02/April/2003

Priority Not Claimed
優先権主張なし

私は、ここに、下記のいかなる米国仮特許出願についても、その米国法典第35編第119条(e)項の利益を主張する。

(Application No.)
(出願番号)(Filing Date)
(出願日)(Application No.)
(出願番号)(Filing Date)
(出願日)

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(Application No.)
(出願番号)(Filing Date)
(出願日)(Status: Patented, Pending, Abandoned)
(現況:特許許可、係属中、放棄)(Application No.)
(出願番号)(Filing Date)
(出願日)(Status: Patented, Pending, Abandoned)
(現況:特許許可、係属中、放棄)

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (list name and registration number).

書類送付先

Send Correspondence to:
RADER, FISMAN, GRAUER PLLC
1233 20th Street, N.W., Suite 501
Washington, D.C. 20036

直通電話連絡先：（氏名及び電話番号）

Direct Telephone Calls to: (name and telephone number)

唯一または第一発明者氏名

Full name of sole or first Inventor

Kazuo IMOSE

発明者の署名

Inventor's signature

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第二共同発明者がいる場合、その氏名

Full name of second joint Inventor, if any

第二共同発明者の署名

Date

Second inventor's signature

Date

住所

Residence

国籍

Citizenship

郵便の宛先

Post Office Address

(第三以下の共同発明者についても同様に記載し、署名をすること）

(Supply similar information and signature for third and subsequent joint Inventors.)